FILE # 01-125 PREPARED BY: MCFALL LAW FIRM, LLC 7105 SWINNEA ROAD, SUITE 1 STATE MS. - DE SOTO CO. **SOUTHAVEN, MS 38671**

BK 0396 PG 0 1 0 0

(662) 349-7780

Jul 13 2 58 PM '01

DAVID FRED MILTON, FRANKLIN EARL MILTON, KAREN LOUISE PEYTON, ANGELA RAY MILTON, **GRANTORS**

BK 394 100

QUITCLAIM DEED

TO

DAVID FRED MILTON and wife, ANGELA RAY MILTON, **GRANTEES**

FOR AND IN CONSIDERATION of the sum on Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, DAVID FRED MILTON, FRANKLIN EARL MILTON, KAREN LOUISE PEYTON, ANGELA RAY MILTON, do hereby sell, convey and warrant unto DAVID FRED MILTON and wife, ANGELA RAY MILTON, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and particularly described as described as follows, to-wit:

Beginning at a point located 348.16 feet west and 53 feet north of the southeast corner of Section 5, Township 2 South, Range 8 West, DeSoto County, Mississippi, said point being on the north right of way of Church Road and the point of beginning. Thence North 87 degrees 39 minutes 58 seconds west 745.12 feet along the north right of way to a point. Thence North 01 degrees 59 minutes 17 seconds east 902.07 feet to a point; thence south 82 degrees 41 minutes 44 seconds east 325.86 feet to a point; thence south 03 degrees 22 minutes 37 seconds west 578.8 feet to a point; thence south 87 degrees 39 minutes 58 seconds east 441.84 feet to a point; thence south 03 degrees 22 minutes 37 seconds west 295.16 feet to the point of beginning and containing 9.4 acres, more or less. Lying in the Southeast Quarter of Section 5, Township 2 South, Range 8 West.

This is the same property as deeded to DAVID FRED MILTON, and incorrectly referred to as David Earl Milton, in body of Deed, in Quitclaim Deed in Book 258, Page 625, and a portion of this property was conveyed by Quitclaim Deed in Book 258, Page 629, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By Way of Further Explanation: David Earl Milton died on 3-18-96, and the Estate of David Earl Milton was filed in Cause No. 96-5-561, in which subject property was devised to Gladys Louise Milton. Further, Gladys Louise Milton died on 1-20-97, and the Estate of Gladys Louise Milton was filed in Cause No. 97-2-142, in which subject property was devised to Fred Milton, Frank Milton & Karen Louise Peyton. Angela Ray Milton hereby joins into the execution of this deed by way of her marriage to David Fred Milton.

This conveyance is made subject to any and all recorded liens, building restrictions, zoning ordinances, rights of way, easements, or mineral reservations applicable to the above described property.

WITNESS OUR SIGNATURES, this the day of July, 2001.

VID FRED MILTON

STATE OF MISSISSIPPI COUNTY OF DESOTO

THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above mentioned appeared **DAVID FRED MILTON**, who being by me first duly sworn deposes and states on her oath that he has signed and delivered the above and foregoing Quitclaim Deed as his free and voluntary act for the purpose therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME, this the day of July, 2001.

Cindy R. Whi

MY COMMISSION EXPIRES:

Notary Public State of Mississippi At Large My Commission Expires: August 23, 2003 Bonded Thru Helden, Brooks & Garland, Inc.

STATE OF MISSISSIPPI COUNTY OF DESOTO

THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above mentioned appeared FRANKLIN EARL MILTON, who being by me first duly sworn deposes and states on his oath that he has signed and delivered the above and foregoing Quitclaim Deed as his free and voluntary act for the purpose therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME, this the day of July, 2001.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public State of Mississipp At Large
My Commission Expires: August 23, 2003
Borided Thru Holden, Brooks & Garland, Inc.
STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above mentioned appeared KAREN LOUISE PEYTON, who being by me first duly sworn deposes and states on her oath that she has signed and delivered the above and foregoing Quitclaim Deed as her free and voluntary act for the purpose therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME, this the 6th day of July, 2001.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public State of Mississippi At Largo My Commission Expires: August 23, 2003 Bonded Thru Helden, Brooks & Garland, Inc.

STATE OF MISSISSIPPI COUNTY OF DESOTO

THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above mentioned appeared ANGELA RAY MILTON, who being by me first duly sworn deposes and states on her oath that she has signed and delivered the above and foregoing Quitclaim Deed as her free and voluntary act for the purpose therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME, this the day of July, 2001.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public State of Mississippi At Large My Commission Expires: August 23, 2003 Bonded Thru Helden, Brooks & Garland, Inc.



Property Address: 4160 Church Road, Nesbit, MS 38651

GRANTOR ADDRESS FRANKLIN EARL MILTON 5161 HORN LAKE ROAD HORN LAKE, MS 38637 HM# 393-6436 WK# SAME

GRANTOR ADDRESS KAREN LOUISE PEYTON 4465 TULANE ROAD NESBIT, MS 38651 HM# 393-9674 WK# SAME

GRANTEES ADDRESS DAVID FRED MILTON ANGELA RAY MILTON 4160 CHURCH ROAD NESBIT, MS 38651 HM# 393-9674 WK# SAME GRANTOR ADDRESS DAVID FRED MILTON 4160 CHURCH ROAD NESBIT, MS 38651 HM# 393-9674 WK# SAME

GRANTOR ADDRESS ANGELA RAY MILTON 4160 CHURCH ROAD NESBIT, MS 38651 HM# 393-9674 WK# SAME

	•1	TENNESSEE D	EPARTMENT OF HEALTI	н ВКО:	396PGO1	03			
TYPE/PRINT		CERTIFIC	CATE OF DEATH		STATE FILE NUMBER				
IN PERMANENT	1. DECEDENT'S NAME (First, Middle,	Last)			3. DATE OF DEATH (More				
BLACK INK FOR	David Earl Mi	Iton	Sc. UNDER I DAY S DATE OF	Male	Mar. 18, 19	State or Foreign Country)			
INSTRUCTIONS IEE HANDBOOK	(of Deceased)	RTHEAY (Years) MOS DAYS	Mari Ma	10, 1927	Horn Lake,				
1	409-36-3122	68	96. PLACE OF DEATH (Check	k only one)	110111 201107				
DECEDENT	B. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1) X Yes 2 No	OSPIFAL: 1 X Inpetient 2 ER/Outp	etient 3 DOA 4	Nursing Home		Other (Specify)			
	96. FACILITY NAME (If not institution		9c. CITY, TOWN, OR LOCATIO	ON OF DEATH	1	VITY OF DEATH			
	Methodist Central	Hospital	Memphis		She I				
	Never Married, Widowed,	SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OC (Give kind of work done working life. Do not use	e during most of	120. KHAD OF BOSH	12007 110 00			
	Divorced (Specify)	Cladua Waldron	Switchman		II. Centi	ra1 RR			
		Gladys Waldrop COUNTY 13c. CITY, TOV	VN OR LOCATION	13d. STR	ET AND NUMBER OR RU				
S.	1	esoto Horn L	ake		Tulane Rd.				
CENSUS TRACT	136. INSIDE CITY 131. ZIP CODE	14. WAS DECEDENT OF HIS (Specify Yes or No-If ye Mexican, Puerto Rican, o	PANIC ORIGIN?	 RACE—American In Black, White, etc. 	(Specify	DECEDENT'S EDUCATION only highest grade completed)			
. ∰ &	1 Yes	Mexican, Puerto Rican, e	etc.) Wes 0 X No	(Specify)	Elementary/So	scondary (0-12) College (1-4 or 5+			
OF DECEDENT:	2 X No 38637	Specify, if yes:	118 MO	White	/iddle, Maiden Surneme)				
PARENTS	17. FATHER'S NAME (First, Middle, L	AST /		Daisy Dods					
NAME for use	Dave Milton 19e. INFORMANT'S NAME (Type/Pri	int) 19b. F	ELATIONSHIP TO 19c. M	IAILING ADDRESS (Stretter, Zip Code)	et and Mumber or Rural	Route Mirnber, City or Town,			
≥ ₽ INFORMAN		'			- 1 - 17- · ·	Into Ma 3863			
	Frank Milton	Sc		55 Horn Lal	CE Rd. HOT 20c. LOCATION—City of	n Lake, Ms. 3863			
	206. METHOD OF DISPOSITION	other place	DISPOSITION (Name of cemet	tery, cremetory, or	20C. EDGATION City of	Ditti, David			
	<u> </u>	3 No. 17 Pot:	nlehem Cemeter	·v	Nesbit, Ms	5 a			
	4 Donation 6 Other (Specify 21s. SIGNATURE OF FUNERAL DIREC	CTOR / 21b. UC	NSE NUMBER OF 21c. SIGNA	TURE OF EMBALMER		21d. LICENSE NUMBER OF EMBALMER			
DISPOSITION	-741	we tothe for 15	FERAL DIRECTOR	$^{\circ}$ $^{\prime}$ $^{\prime}$ $^{\prime}$	10.0				
8101 00111010	•	A Contract Con	> 72 1/Vu	chael 1	younar	FS 810			
	22a. NAME AND ADDRESS OF FUN	EMT HOWE			226. LICENS	E MOMBER OF FOREING HOME			
		215 Inches	C+ Uornando	o, Ms. 3863	2 FE 4	17			
	Hernando Funeral	Home 315 Losher	. A		(Month, Dev. Year)				
REGISTRAR	23. REGISTRAR'S SIGNATURE 23. REGISTRAR'S SIGNATURE APR 0 9 1996 (25a. PHYSICIAN — To the typic of my knowledge, death occurred at the time (buty land place, and due to the cause(s) and manner as stated.								
	25a. PHYSICIAN - To the best of m	y knowledge, death occurred at the time.	date and place, and due to the	ne cause(s) and manner	es stated.	DATE SIGNED (Month, Day, Year)			
	1 SIGNATURE AND TIT	TLE OF PHYSICIAN	V/M SOM	256. LICENSE N		DATE SIGNED PROTITION LONG THAT			
	>	e basis of exemination and/or investigation	in any position death occurr	ved at the time, and place	a and due to the cause(s	and manner as stated.			
CERTIFIER			on, in my opinion, desur occorr	26b. LICENSE N	IUMBER 26c.	DATE SIGNED (Month, Day, Year)			
	2 SIGNATURE AND TH	TLE OF MEDIČAL EXAMINER							
PHYSICIAN OR MEI	27. NAME AND ADDRESS OF CERT	TIFIER (PHYSICIAN OR MEDICAL EXAMIN	IER) (Type/Print)	· · · · · · · · · · · · · · · · · · ·					
ECUTING CERTIFICAT MUST COMPLETE AN	E	1325 Fastmo	relandDr. Suit	te 150 Men	mphis, tn. 3	8104			
SIGN MEDICAL CERTIF CATION WITHIN	OD DART I Enter the dispesses into	ries, or complications that caused the det failure. List only one cause on each line.	ath. Do not enter the mode of	dying, such as cardiac o	or respiratory	Interval Between			
HOURS.	IMMEDIATE CAUSE (Final	Canc	ic			Onset and Death			
	disease or condition resulting in death)	DUE TO (OF AS A	CONSEQUENCE OF	10.11					
SEE INSTRUCTIONS ON OTHER SIDE	,	(91 T	hlead /	CYFT					
	Sequentially list conditions, if any, leading to immediate	DUE TO JOR AS A	CONSEQUENCE OF):						
CAUSE OF	cause, Enter UNDERLYING CAUSE (Disease or injury	c							
DE ATH	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
	1 1	d contributing to death but not resulting in	the underlying cause given in	Part I. 2	Se. WAS AN AUTOPSY	296. WERE AUTOPSY FINDINGS			
	PART II. Other Monificent condition	S contribution to case to pay not used rule in	- with mitted states flightly in		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
				<u> </u>	1 Yes 2 No	1 Yes 2 No			
	30. MANNER OF DEATH	(Month, Dey, Year)	TIME OF 31c. INJURY A		SCRIBE HOW INJURY OCC	UMMED			
	1 Natural 5 Pendin	10		Yes					
	2 Accident	not be 31e. PLACE OF INJURY-At hom	M 2 '	No 311. LOCATION	Street and Number or Pur	al Route Number, City or Town, State			
	Suicide O Determ	mined building, etc. (Specify)	o, saint avant tanta it nume						
	4 Homicide								

MEMPHIS & SURE OF COUNTY HEALTH DEPARTMENT-814 JEPFERSON AVE., MEMPHIS, TENNESSEE THIS IS TO THE THE THE SEE THE SECOND THE TENNESSEE THE TENN

SEAL

APR 0 9 1996

Clenn D. Fouse, Registrar Vital Records Section

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

BK 0396 PG 0105

YPE /PRINT			CERTII	FICATE C)F DE	AIH	In Ary	STATE FILE		One Vine	
IN ERMANENT BLACK INK FOR	1. DECEDENT'S NAME (First, Middle, Last) Gladys Louise Milton						Female Jan. 20, 1997				
STRUCTIONS	4. SOCIAL SECURITY NUMBER		Sh UNDER 1 YEAR	k UNDER 10		DATE OF BIRTH	((Adunth Day Hear)	7. BIRTHPLACE	(City and S	State or Fon	ign Country)
E HANDBOOK	(of Deceased) 410-46-3933	65	MOS DAY	rs HOURS	NAM.	July 9	, 1931	Indeper	ndence	e, Ms.	
	B. WAS DECEDENT EVER IN U.S. ARMED FORCES?	HOSPITAL:		90 PLACE		H <i>(Check onl</i>) THER	(one)				
DECEDENT	1 Yes 2 X No	1 X Ires	etient 2 ER/C		DOA	4	Nursing Home			Other (Sp	
	96. FACILITY NAME (If not institut	ion, give street and	number)			LOCATION OF	DEATH	İ		TY OF DEATH	• .
	Methodist Central Hospital				mphi			Shelby 12b. KIND OF BUSINESS/INDUSTRY		DV	
	 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) 	11. SURVIVING SI (If wife, give	POUSE maiden name)	IGNO I	kind of w	SUAL OCCUPA ork done duri not use retire	na most of			.33/110031	
	Widowed N/A			Housewife			OWN REET AND NUMBE	Home	II LOCATION		
8	13a. RESIDENCE - STATE 13b	COUNTY		TOWN OR LOCA	TION		ı			AL LOCATION	•
atra		Desoto		sbit	1415	115 0	ACE-American	65 Tulan		ECEDENT'S	EDUCATION
CENSUS TRACT	13e. INSIDE CITY 13f. ZIP COD	E 14.	WAS DECEDENT OF (Specify Yes or No-I Mexican, Puerto Rica	I yes, specify Cu	uban	B	lack, White, etc Specify)	۰ L	(Specify or	nly highest (grade completed)
Xent Xan o	1 Yes	ļ		Ricen, etc.) Yes 0 X No (Specify) White			Eleme	ntary/Seco 12		2) College (1-4 or 5+)	
DECEDENT:	2[X] No 38651		city, it yes:				ER'S NAME (First, Middle, Maiden Surname)				
PARENTS						Te1a	Busby				
NAME For use	Roy Waldro		196		РТО	19c. MAJUNO	ADDRESS (St	(Street and Number or Rural Route Mumber, City or Town,			
⊉ £ INFORMANT				DECEASED		State, Zi	ip Code)				
INT ORDINA	Frank Milton		1	Son		5155	Horn La	ake Rd.	Horn	Lake	Ms. 38637
	208. METHOD OF DISPOSITION		20b. PLACE C	F DISPOSITION	(Name of	cemetery, cri	emetory, or	20c. LOCATION	-City or To	own, State	
	1 X Burial 2 Cremation	3 X Removal from		ece,			:				
	4 Donation 5 Other /Spec	ily)	New B	ethleher	m Cen	netery		Nesbi	t, Ms		NOC NU PAGE
	218. SIGNATURE OF FUNERAL DIF	ECTOR	216.	JOENSE NUMBER FUNERAL DIRECTO	OF 21c.	SIGNATURE C	OF EMBALMER	•		OF E	nse number Imbalmer
DISPOSITION	. Harry	ONOS		~		Files	Brown	corlee	/	FS	794
	1 100	3	F	S 153		7		226	LICENSE N		FUNERAL HOME
	220. NAME AND ADDRESS GPFU	INÉRAL HOME				•					
	Hernando Funer	al Home	315 Loshe	r ST.	Herr	nando.	Ms. 386	532	FE 47	,	
	23. REGISTRAR'S SIGNATURE	ar nome	J1J 12311C	1 0	1			O (Month, Day, Year	4		
REGISTRAR	Manuel	May 5	Sola So	Paus	_ , *	Cluss A	JAN	3 0 199	ł		
	25a. PHYSICIAN - Joshe West of	my knowledge, deal	h occurred at the tin	ne, date, and pla	ice, and du	e to the caus	e(s) and manne	r as stated.			
	1 SGNATURE AND 1	TITLE OF THIS SICIAN	(<i>f</i>)			ĺ	25b. LICENSE	NUMBER	25c. DA	ATE SIGNED	(Month, Day, Year)
	1 Julion	NOW					<u>05</u>	186	/	171	·7 F
CERTIFIER	26a. MEDICAL EXAMINER - On	the basis of examina	ition and/or investiga	ation, in my opini	ion, death						
	2 SIGNATURE AND 1	ntle of Medičal I	EXAMINER			i	26b. UCENSE	NUMBER	26c. D/	ALE SIGNED	(Month, Day, Year)
YSICIAN OR MED-							L				
AL EXAMINER EX- UTING CERTIFICATE	27. NAME AND ADDRESS OF CE		ormedicalexan 325 Eastmo			70 Ma	omobie	Tn. 3810	14		
JST COMPLETE AND IN MEDICAL CERTIFI-	(Dr. Keed Baski	-					-				pproximate
JION WITHIN 48 JURS.	28. PART I. Enter the diseases, in arrest, shock, or hear	juries, or complication t failure. List only or	ne cause on each line	Seath, DO HUL BIN	1 /	ко о от шунту, т }	i	Or Toophiesory		ļ le	nterval Between Inset and Death
	IMMEDIATE CAUSE (Final disease or condition	(00	1280	$\mathcal{M} \cap \mathcal{M}$	J [On C	(Δ / Δ)	m a		ľ	
	resulting in death)	• 1000	DUE TO (OR AS	CONSEQUENCE	CE OF):	v(C	~/ : V /	100			
IEE INSTRUCTIONS ON OTHER SIDE			. 0							1	
	Sequentially list conditions, if any, leading to immediate	p	DUE TO (OR AS	A CONSEQUENC	CE OF):		·				
CAUSE OF	cause. Enter UNDERLYING	•									
DEATH	CAUSE (Disease or injury that initiated events	c	DUE TO (OR AS	A CONSEQUENC	CE OF):						
	resulting in death) LAST	d.									
, r	PART II. Other significant condition	ins contributing to d	eath but not resulting	in the underlyin	ig cause g	iven in Part I.	ļ²	PERFORMED?	OPSY 2	AVAILA	UTOPSY FINDINGS BLE PRIOR TO
							1		1	OF DEAT	ETION OF CAUSE TH?
							-:	, CT E	اا	. — .	es 2 No
			OCINITION TO	Ib. TIME OF	310 810	URY AT WOR	K3 314 N≃	1 Yes 2 SCRIBE HOW INJUI	No RY OCCURE	1Y	# 4 L_J NO
	30. MANNER OF DEATH	. / /Mon	OF INJURY 31	INJURY	3,10. 1143		310. 52			×=	
	Natural 6 Inves	tigation		м	',	Yes					÷
ļ	2 Accident	not be 31e. PLAC	E OF INJURY—At ho			<u></u>	II. LOCATION	(Street and Numbe	r or Rural R	oute Numbe	r, City or Town, State)
			ng, etc. (Specify)								
	Cal Liouxon										

BIRTH NO

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEA!

Control of the second

Glehn D. Fouse, Registrar

Vital Records Section



HEIRSHIP AFFIDAVIT

Heirship of	DAVID	EARL	MILTON	Deceased)

STATE OF MISSISSIPPI	
COUNTY OF DESOTO RUTH MILTON VINSON	
being first duly sworn, upon his oath deposes and says:	, of lawful age,
That be was personally well acquainted with the above decedent, during his	is lifetime having known him for all his life
years, and that affiant bears the following relationship to the said decedent, towit: _	
Affiant further states that the said decedent departed this life at South State of Mississippion or about March 18, 19,96	
the date of his death.	
Affiant further states that he was well acquainted with the family and near re	latives of the said decedent, and with all
those who would under the laws of the State of Mississippi, be his h	eirs, and that the following statements
and the answers to the following named questions are based upon the personal know	vledge of affiant and are true and correct:
QUESTION 1 - Did the decedent leave a will? ANSWER: Yes	t wheeler
QUESTION 2 - If so, has the will been admitted to probate - at what place, and who	
Filed 5/6/96, DeSoto County Chan	<u>cery Court; #96-5-5</u> 61
QUESTION 3 - Has an administrator been appointed for the estate of said decease	ed? ANSWER: No
QUESTION 4 - If so, give the County in which the said administration proceedings	are pending, and the name and address
of the administrator. ANSWER:	**************************************
	MOMED V W
QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? A	
If yes, attach copy of Division of Medicald Waiver of Recovery pursuant of the second	
QUESTION 6 - Give the name and address of the surviving widow or widower of d GLADYS LITUISE MILTON (died 1/20/	
If not living, state date of death 1/20/97	
QUESTION 7 - If the decedent was married more than once, give the name of the for	rmer husband or wife, and state whether
said former spouse is dead or divorced.	tine hasband of whe, and state whether
ANSWER: Only one marriage.	
QUESTION 8 - On the blank lines below, give the names and places of residence of	
together with the other information called for: ANSWER: (Give name)	-
IF NOT LIVING NAME OF	ADDRESS OR IF NOT LIVING
NAME OF CHILD DATE OF BIRTH DATE OF DEATH HUSBAND OR WIFE	E DATE OF DEATH
1 Frank Earl Milton 6-16-54 Not Mar 2 Fred Milton 6-16-54	ried
Raren Louise Peyton 12-29-57 Divorce	8
4	
QUESTION 9 - Give below the names of any deceased children of the decedent, to	onether with the other information called
for. ANSWER:	ogotto: That the outer their dules outed
\$URVIVIK	
NAME OF CHILD DATE OF BIRTH DATE OF DEATH HUSBAND OR	WIFE DATE OF DEATH
2	
3	
4	

BK0396PG0108

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

, None	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING DATE OF DEATH	NAME OF FATHER AND MOTHER
1				
			dren, or step-children taken	
GOLOTION				S, AGES, AND ADDRESSES IN THE
	ANSWER: Tes			S, AGES, AND ADDRESSES IN THE
	NAME		BLANK LINES BELOW:	
1 N/A	NAME	AGE		RESS
4				

QUESTION 1:	and whether they have	since been paid.	s; and if so, give as nearly a	s possible, the amount of such debts.
QUESTION 13				esses (together with other information
	called for), of his survivi	ng father, mother	, brothers and sisters: AN	SWER:
	NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIMING DATE OF DEATH
1 N/A				
	Martin - Andrews			
_			•	
Subse	rithed ritid sworn to before	me this6t	hday of _July	RUTH MILT () N VINSO:
1 00			1/1	wold M. Wood
Mycommissio	n expires. Scion Expires March 14.	, 2005.		
My Conitai	22101 5.15		Notary Publ	lic
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
William O'a	Ç.			
"minimum"				
· 野野 40000000000000000000000000000000000		CORROBOR	RATION AFFIDAVIT	
<i>6</i> ₹				
STATE OF	MISSISSIPPI	(To be sin	ned by some person other than	n the one making the foregoing affidavit.)
	DESOTO			The state of the s
	PERRY	a distanti ti		
	(Information at the first of	, of lawful
	ILTIIN VINSON	i states: That the		ove and foregoing affidavit, made by a personal knowledge of this affiant.
			Signature of	Corroboraling Affiant
WILL Y MANY	2 v		-	\mathcal{A}
Subse	ribed and sworn to before	me this 6t	hday ofJuly	
			(\\	
	n involvan		D. (X	waster McCon
My commissio	•	000=	41-1	in the state of th
without	stion Expires March 14	, 2005.	Notary Publ	IC
40 305	\$			
A summer Chief				
Will I I I I I I I I I I I I I I I I I I	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

***** MISSISSIPPI VALLEY TITLE INSURANCE COMPANY AND OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

HEIRSHIP AFFIDAVIT

STATE OF MISSISSIPPI	} ss.		
COUNTY OF DESOTO			•
RUTH MILTIN VINSON	<u> </u>		, of lawful age,
being first duly sworn, upon his oath de	poses and says:		
That he was personally well acquain	nted with the above mam	ed decedent, during his lifeti	lme, having known him
for more than 40 years,			
sister-in-law			
Affiant further states that the said			
County, State of Tennessee old at the date of his death.	on or about 1/20)/97,19,be	ing <u>65</u> years
Affiant further states that he was w			
with all those who would under the law			
following statements and the answers taffiant and are true and correct:			
QUESTION 1 - Did the decedent leave	a will? ANSWER:	-Yes	Married Control of the Control of th
QUESTION 2 - If so, has the will been 2/3/97; Cause 97-2	admitted to probate — 1 -142 Chance:	ns what place, and when? All ry Court of D	NSWER: <u>Yes</u> eSoto County, MS.
QUESTION 8 — Has an administrator	been appointed for the ea	tate of said deceased?	
ANSWER: N/A			
QUESTION 4 - If so, give the County address of the adminis	in which the said adminitrator.	stration proceedings are pen	ding, and the name and
ANSWER: N/A			
QUESTION 5 - Give the name and ad-			
ANSWER: Name None		Address	
If not living, state date of d	onth 3/18/96		
	mer spouse is dead or di	vorced.	
ANSWER:NO			
QUESTION 7 - On the blank lines be deceased, together wi	low, give the names and th the other information	places of residence of all ti called for:	he surviving children of
ANSWER: (Give names of surviving e	hlidren only)		
NAME OF CHILD DATE OF	IF NOT LIVING BIRTH DATE OF DEATH	name of Burband or wife	ADDRESS OR IF NOT LIVING DATE OF DEATH
	6-16-54	Not Married	
2 FRED MILTON 6-16		Divorced	
*Karen Louise Peyt	on 12-29-57	Divorced	
f			
M/VT 92-16	99-61		(12/92)

	the names of any deceased children of	of the decedent, together	with the other information	
	DATE OF BIRTH DATE OF DEATH		IF NOT LIVING DATE OF DEATH	
			· · · · · · · · · · · · · · · · · · ·	
UESTION 9 — Give the m	ames of the children of any deceased	son or daughter of the d	lecedent:	
NAME OF CHILD	DATE OF BIRTH IF NOT LIVE	NG, DATE OF DEATH NAM	ie of pather and mother	
				-
Upprior in Indian de	ecedent have any adopted children, o	e eten children taken ini	to his home?	
NSWER: Yes No LINES BELOW	X if 80, write their nai	mes, ages, and adi	PRESSES IN THE BLANK	
debis, and	ecedent leave any unpaid debts; and i whether they have since been paid.		ossible, the amount of such	
HERTION 12 - If the dec	cedent left no children, then give be on called for), of his surviving father,	low the sames and add	resses (together with other sters:	
NSWER:	RELATIONSHIP	ADD	less or if not living. Date of death	
N/A				
·				
-				
0.	A		1/	
	X K	uter miller	ant RUTH MILTON	VINSON
Subscribed and sworn to	o before me this 6th	day of July	2001	ATMOOL
	\mathcal{D}	Notary P	ublie	
ly commission expires: My:Commission Expir	es March 14, 2005.	2.00,22.0		
TATE OF MISSIS	CORROBORATING AF	FIDAVIT and by some person other	r than the one making	
OUNTY OF DESOTO	} B8.	the foregoing aff	idavlt.)	
B. G. PERRY			of lawful	
	upon his oath states: That the infor		ove and foregoing affidavit, knowledge of this affiant.	
TO DATE OF THE OWN TO	TIM ATMONIA	Min		
Subscribed and awar a	o belors me this 6th de	y of July	0001.	-
wy commission expire	s March 14, 2005.	Notary Pub	MC CO. rec	
OTE: At any of heirs of dec	redent have died aince his death, sec	ure separate proof of he	irahip as to each. (12/92)	
The transmission of the second	<i>y</i>			
The Comment				
"MILL HARMON"				

AFFIDAVIT OF HEIRSHIP

STATE OF MISSISSIPPI COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned notary in and for said county and state, the within named JOEL P. WALKER, of lawful age, being first duly sworn and states upon oath the following:

- That he was personally acquainted with David Earl Milton and wife,
 Gladys Louise Milton, and bears no relationship to them.
- Affiant further states that David Earl Milton died on March 18, 1996, and Gladys Louise Milton died on January 20, 1997.
- 3. Affiant further states that they were both residents of DeSoto County, Mississippi, and were his neighbors all of his adult life.
- 4. Affiant further states that he is well acquainted with the family of David Earl Milton and wife, Gladys Louise Milton, and that they had three children, now all adults, David Fred Milton, Franklin Earl Milton, and Karén Louise Peyton.

Afflart, Joel P. Walker

YORN TO AND SUBSCRIBED BEFORE ME this

day of July 2001.

Notary Public

dy Commission Expires:

AFFIDAVIT OF HEIRSHIP

STATE OF MISSISSIPPI COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned notary in and for said county and state, the within named MARY LEE WALKER BROWN, of lawful age, being first duly sworn and states upon oath the following:

- That she was personally acquainted with David Earl Milton and wife, Gladys Louise Milton, and bears no relationship to them.
- Affiant further states that David Earl Milton died on March 18, 1996, and Gladys Louise Milton died on January 20, 1997.
- 3. Affiant further states that they were both residents of DeSoto County, Mississippi, and were her neighbors for twenty-four years.
- 4. Affiant further states that she is well acquainted with the family of David Earl Milton and wife, Gladys Louise Milton, and that they had three children, now all adults, David Fred Milton, Franklin Earl Milton, and Karen Louise Peyton.

Affiant, Mary Kee Walker Brown

SWORN TO AND SUBSCRIBED BEFORE ME this

IY(. 'AY

Notary Public

My Commission Expires:

April 26, 2003